## TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

900.00

(\$)

Complete if Known							
Application Number	09/538,954						
Filing Date	March 31, 2000						
First Named Inventor	Carl M. Ellison						
Examiner Name	T.M. Norris						
Art Unit	2137						
Attorney Docket No.	42390p8107						

11/02/04

Date

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)									
Check Credit card Money Other None 3. ADDITIONAL FEES														
Deposit Account					None	Large	Entity	tity   Small Entity						
Denneit [						Fee Code	Fee (\$)	Fee Code	Fee (\$)	- 	D2-6			
Deposit Account 02-2666				l					Description		Fee Paid			
Deposit Account   Diakahy Sakoloff Taylor & Zafman I I D				1051 1052	130 50	2051 2052	65 25	Surcharge - late filing Surcharge - late provis cover sheet.						
Account Name Blakely, Sokoloff, Taylor & Zafman LLP					2053	130	2053	130	Non-English specifica	tion				
The Commissioner is authorized to: ( check all that apply)					1812	2,520	1812	2,520	For filing a request for		ation			
Charge fee(s) indicated below Credit any overpayments					1804	920*	1804	920 1	<ul> <li>Requesting publication</li> <li>Examiner action</li> </ul>	n of SIR prior to				
Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  Charge fee(s) indicated below, except for the filling fee					1805	1,840*	1805	1,840 *	Requesting publication	n of SIR after				
to the above-identified deposit account				1251	110	2251	55	Extension for reply with	hin first month		110.00			
	F	EE CA	LCULATIO	N		1252	430	2252	215	Extension for reply with				
1. BAS	SIC FILI	NG FE	E			1253	980	2253	490	Extension for reply with				
Large Entity		Entity	<del>-</del>			1254	1,530	2254	765	Extension for reply with	hin fourth month			
Fee Fe Code (\$		Fee (\$)	Fee Description		Fee Paid	1255	2,080	2255	1,040	Extension for reply with	hin fifth month			
1001 79	2001	395	Utility filing fee			1404	340	2401	170	Notice of Appeal				
1001 35	1	175	Design filing fe			1402	340	2402	170	Filing a brief in suppor	t of an appeal			
	50 2003	275	Plant filing fee			1403	300	2403	150	Request for oral heari	ng			
1004 79		395	Reissue filing f	fee		1451	1,510	2451	1,510	Petition to institute a p	oublic use proceed	ing		
1005 16	2005	80	Provisional filin	ng fee		1452	110	2452	55	Petition to revive - una	avoidable			
SUBTOTAL (1) (\$)				1453	1,370	2453	685	Petition to revive - uni	ntentional					
				1501	1,370	2501	685	Utility issue fee (or rei	ssue)					
2. EXTRA CLAIM FEES Extra Fee from						1502	490	2502	245	Design issue fee				
Total Claims		۱	Clatms	below	Fee Paid	1503	660	2503	330	Plant issue fee				
Independent		- 45	= X	-		1460	130	2460	130	Petitions to the Comm				
Claims		. 4	- X	=		1807	50	1807	50	Processing fee under 3	37 CFR 1.17(q)			
Multiple Depend	dent			=_		1806	180	1806	180	Submission of Informa	ation Disclosure St	mt		
Large Entity Fee Fee		Fee	Fee Description			8021	40	8021	40	Recording each paten property (times number				
Code (\$)	Code	(\$)				1809	790	1809	395	Filing a submission aft (37 CFR § 1.129(a))	er final rejection		<u> </u>	
1202 18		9	Claims in excess			1810	790	2810	395	For each additional inv				
1201 88 1203 300		44 150	•	ims in excess of 3 ent claim, if not pair			, , ,		000	examined (37 CFR § 1				
1203 300	1	44	Multiple Dependent claim, if not paid **Reissue independent claims over original			1801	790	2801	395	Request for Continued	790.00			
			patent		-	1802	900	1802	900	Request for expedited				
1205 18	18 2205 9 **Reissue claims in excess of 20 and over original patent				Other fee	(specify)	•		of a design application					
SUBTOTAL (2) (\$)														
**or number previously paid, if greater, For Reissues, see below				* Reduced by Basic Filing Fe			d 		SUBTOTAL (3)	(\$)	900.00			
SUBMITTED BY										Comp	lete (if applica	able)		
Name (Print/Type) Gregory D. Caldwell					Registration No.			3	<b>39.926</b> Telephone (503) 439-8					

Signature